



Navy and Marine Corps Medical News



A Public Affairs Publication of the U.S. Navy Bureau of Medicine and Surgery

April 2012

MEDNEWS Items of Interest

April is Sexual Assault Awareness Month.

Learn about the effects sexual assault has on the military's mission readiness and this month's activities: <http://www.sapr.mil/index.php/saam>.

Navy Weeks 2012 - Navy Medicine will be participating in the following 2012 Navy Weeks: Nashville (May 7-13), Baltimore (June 11-19), Boston (June 29-July 6), Chicago (Aug. 13-20) and Buffalo (Sept. 10-17).

Pacific Partnership 2012 (PP12), the largest annual humanitarian and civic action (HCA) mission in the Asia-Pacific region, will begin May 1, and include engagements with the host nations of Indonesia, Philippines, Vietnam and Cambodia.

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Did You Know?

Bystander Intervention training is part of a larger Navy-wide strategy designed to change the attitudes and behaviors about sexual assault among Sailors and Marines while encouraging them to recognize inappropriate behaviors and intervene before sexual violence occurs.

Navy Medicine advances care during New Orleans Navy Week

**By Valerie A. Kremer, U.S. Navy
Bureau of Medicine and Surgery
Public Affairs**

NEW ORLEANS - Navy Medicine leadership met with civic organizations, corporate leadership, universities, and the New Orleans Saints to discuss shared medical initiatives and Navy Medicine's role in the maritime strategy as part of New Orleans Navy Week, April 17 and 18.

Rear Adm. Elizabeth Niemyer, director, Navy Nurse Corps and deputy chief, Wounded, Ill and Injured was the top Navy Medicine representative during New Orleans Navy Week.

"It is great to be in the city of New Orleans, who has a strong commitment and heritage of supporting the military," said Niemyer. "We are America's Navy

and this is a wonderful opportunity for the American people to see what their Navy does as a global force for good and how the Navy takes care of its men and women."

Of the nearly 330,000 active duty Sailors across the Navy, 3,800 come from Louisiana, Niemyer noted. An additional 2,000 Reserve Sailors also hail from the state, and more than 4,500 retired Navy veterans live in Louisiana.

During a meeting with the New Orleans Fire Department, Niemyer met with leadership and emergency management service staff to discuss Navy Medicine's advancements in battlefield medicine, research and development, and its role in the maritime strategy.

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U.S. Navy photo by Chief Mass Communication Specialist Joshua Treadwell

Rear Adm. Elizabeth Niemyer, director of Navy Nurse Corps and deputy chief of Wounded, Ill and Injured, performs CPR on a medical simulation device used by students of Louisiana State University's Health Science Center, April 17. The event took place during New Orleans Navy Week, one of 15 Navy weeks planned across America for 2012. Navy weeks are designed to show the investment Americans have made in their Navy and increase awareness in cities that do not have a significant Navy presence.

Navy Medicine highlights sexual assault awareness month

Recently Navy Medicine became a key partner in supporting the new "21st Century Sailor and Marine" initiative that the Secretary of the Navy announced last month. This initiative lays out a set of objectives, programs and policies across a spectrum of wellness that maximizes the personal readiness of Sailors, Marines and their families.

As we mark April as National Sexual Assault Awareness Month (SAAM), Navy Medicine will focus its efforts on awareness and prevention of sexual violence through command-level educational efforts and special events. We have to acknowledge that sexual assault is an attack on our shipmates. I am concerned to hear statistics that show these attacks take place every day in the Navy and we must work tirelessly to prevent these crimes from occurring in our ranks. Sexual Assaults are a direct affront to good order and discipline and affects unit readiness.

I expect you to do everything you can to exert intrusive leadership and stamp out anything that may foster conditions where sexual assaults could occur. We must examine our use of humor and language in the work place and see if it is appropriate or whether it promotes a negative environment. We need to prevent the abuse of alcohol which is a contributing factor in sexual assaults. According to FY-10 reports, alcohol is involved in 46 percent of these events.



**Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General**

I also expect Navy Medicine to engage at every level. If you witness a shipmate threatening another shipmate, say something. We must create safe environments free from sexual assault and harassment. We will have a stronger Navy Medicine enterprise if we make this our aim.

While we work to eliminate this crime from our service, we must continue to plan to care for the victims when these unfortunate incidents occur. It is crucial we support the sexual assault victim and hold offenders accountable.

The Department of Defense's SAAM theme this year is, "Hurts One, Affects All. Prevention of Sexual Assault is Everyone's Duty." In addition to this overarching theme, Navy Medicine will highlight complementary weekly themes throughout the month:

- April 1-7: Hurts One. Sexual assault victims are our Shipmates.
- April 8-14: Affects All. Sexual assault impacts readiness and combat effectiveness.
- April 15-21: Prevention is Everyone's Duty. We must look out for our Shipmates and prevent harm.
- April 22-30: We Will Not Tolerate Sexual Assault. Sexual assault is my problem, your problem, our problem.

Sexual assault has no place within Navy Medicine and I know we can resolve this with your efforts and focus. Thank you for suiting up every day. I am so proud to be part of your team and it is my honor to serve with you. I look forward to seeing you around the Fleet.

Portsmouth participates in drug take-back day

By Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. – Naval Medical Center Portsmouth's main pharmacy will participate in "Prescription Drug Take-Back Day" on Saturday, April 28.

Active duty service members, retirees, dependents and staff can drop off expired, unused and unwanted prescription drugs at the medical center's main pharmacy in Portsmouth. Ridding the home of old medications also prevents drug abuse and theft. Patrons may bring their medications for disposal to the pharmacy's counseling window, Bldg. 2, 2nd floor, 10 a.m. to 2 p.m. The service is free and anonymous; no questions will be asked.

This is the first time NMCP has participated in the Drug Take-Back Day. Last October, Americans turned in 377,080 pounds (188.5 tons) of prescription drugs at more than 5,300 sites operated by the DEA and nearly 4,000 state and local law enforcement partners. In its three previous Take-Back events, the DEA and its partners took in almost a million pounds – nearly 500 tons – of pills.

Unused and expired medicines in home cabinets are highly susceptible to diversion, misuse and abuse. Rates of prescription drug abuse in the U.S. are high, as are accidental poisonings and overdoses. Studies show most abused prescription drugs are obtained from family, friends and the home medicine cabinet. In addition, Americans are now advised that their usual methods for disposing of unused medicines – flushing them down the toilet or throwing them in the trash – are safety and health hazards.



Navy and Marine Corps Medical News

Navy Bureau of Medicine and Surgery

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Navy Medicine leaders present at Sea, Air, Space Expo

By U.S Navy Bureau of Medicine and Surgery Public Affairs

NATIONAL HARBOR, Md. - The Navy League of the United States 47th Annual Sea-Air-Space Exposition concluded April 18, at the National Harbor Resort and Convention Center, National Harbor, Md.

Following this year's expo theme, "Naval Expeditionary Forces: Preserving Global Economic Security and National Security," several Navy Medicine leaders spoke and presented various topics to attendees, members of the press and to the Navy, Marine Corps, Army, Air Force, and Coast Guard communities.

During the three-day event, Rear Adm. Michael Mittelman, U.S. Navy, deputy surgeon general, and other key figures briefed in the Navy League Pavilion during the expo.

"Navy Medicine and our capable medical personnel are one of our nation's strategic enablers. Through a venue like this, [Sea-Air-Space Exposition] we can showcase what we do to support our Expeditionary warfighter and their families," Mittelman said.

Navy Medicine also had a booth at the exposition staffed by Navy Medicine leaders in the fields of aerospace and undersea medicine, preventive care, research and development, traumatic brain injury, and other crucial military medical fields.

"Our critical missions take Navy Medicine anywhere our Sailors or Marines go," Mittelman said during his April 17 briefing. "You don't get more direct support than that."

Mittelman, discussed the Navy's efforts in preventive medicine, research and development in aerospace and undersea



U.S. Navy photo by Capt. Cappy Surette

Deputy Navy Surgeon General Rear Adm. Michael Mittelman discusses how Navy Medicine is an enabler of the Maritime Strategy at the 2012 Sea Air Space Exposition at the Gaylord National Convention Center, April 16, National Harbor, Md. SAS is the largest maritime expo in the world.

medicine, humanitarian assistance/ disaster relief, as well as battlefield and wounded warrior care along with Navy Medicine's Medical Home Port program.

"We watch what is happening in the Fleet and we tailor our

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"Navy Medicine plays a vital role in supporting the five 'hard power' capabilities of the maritime strategy: forward presence, deterrence, sea control, power projection, and maritime security . . . because no ship, submarine, aircraft or other Navy asset deploys without the support of Navy Medicine," said Niemyer. "In addition, Navy Medicine plays a key role in "soft power" by exercising the last element of the maritime strategy through its most visible role in humanitarian assistance/disaster relief missions, which the people of New Orleans know Navy Medicine for the most."

Niemyer noted that after 10 years of war, Navy Medicine is looking at expanding partnerships to translate what it has learned with civilian facilities. Using simulation is a key mechanism to keep skill sets of corpsmen, doctors, and nurses strong.

During her presentation, Niemyer also discussed post traumatic stress disorder and mental health treatment with the New Orleans Fire Department.

"PTSD will be something that will need to be treated for years to come," said Niemyer. "However, it is the kind of care

we learn together - military and civilian. There are some common elements that both the military and civilian face when it comes to the identification and treatment of PTSD."

Members of the EMS staff at the New Orleans Fire Department served alongside the USNS (T-AH 20) Comfort's humanitarian assistance/disaster relief mission when the ship provided aid to the city of New Orleans after Hurricane Katrina in 2005.

"We have a special place in our heart for the Navy," said New Orleans Fire Department Superintendent Charles Parent. "At one date the USNS Comfort was the only functional hospital in the city of New Orleans. We have a special bond with Navy Medicine."

During a meeting with the Southeast Louisiana Veterans Health Care System, Niemyer met with leadership and staff and toured the facility. In addition, the parties discussed shared initiatives and lessons learned with patient care models.

"We are honored to have Rear Adm. Niemyer visit the Southeast Louisiana Veterans Health Care System," said Brinda Williams-Morgan, acting director, Southeast Louisiana Veterans Health Care System. "It was wonderful to learn about Navy Medicine's progress with Medical

Home Port model which is similar to the VA's PACT (Patient Aligned Care Team) model."

During her presentation, Niemyer discussed Navy Medicine's critical role in supporting the warfighter and providing medical care to their families, retirees, and veterans. Through the discussion, the parties stressed the importance of continued research and development initiatives for wounded warrior care, the significance of patient identification technology, and heralded the work both continue to do to provide outstanding care to the nation's wounded warriors.

Other Navy Medicine engagements during New Orleans Navy Week included an morning show interview with WWL-TV (CBS); meeting with leadership, students, and staff of Delgado Community College Charity School of Nursing, Louisiana State University Health Sciences Center, Tulane University and Medical Center; and a meeting with medical personnel of the USS Wasp (LDH-1).

New Orleans Navy Week is one of 15 Navy Weeks across the country this year. Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence.

Truman Sailors receive operational stress control training

By Mass Communication Specialist 3rd Class David R. Finley Jr., USS Harry S. Truman Public Affairs

PORTSMOUTH, Va. - Sailors assigned to the aircraft carrier USS Harry S. Truman (CVN 75) are attending operational stress control leadership workshops, which began April 16.

Truman's officers and chief petty officers are attending the training, which was conducted by the Navy Operational Stress Control Mobile Training Team in an effort to improve Truman's mission readiness.

"The goal is to build resilient Sailors," said Capt. Lori Laraway, operational stress program manager at Navy Expeditionary Combat Command. "The course is designed to give the chief's mess and wardroom the practical tools and additional information necessary to help their Sailors prepare for the challenges Navy life presents."

Truman is the first ship to receive training from the team, which began training deployable units in 2008.

Commanding Officer Capt. Dee L. Mewbourne's support of the Operation Stress Control Mobile Training Team has been vital," said Laraway. "This level of leadership from a carrier buying



Photo by Mass Communication Specialist 3rd Class Brian Brooks
The aircraft carrier USS Harry S. Truman (CVN 75).

into the program sends a huge message to the rest of the fleet."

The team has 11 courses scheduled aboard Truman as the crew prepares to return to the fleet this summer.

"Work-up cycles are as stressful or more stressful than actually being deployed," said Laraway. "For Truman to get this training before beginning their workup cycle is perfect timing."

According to the training team, Sailors are the Navy's most valuable resources and the classes are focused on enhancing the long-term health of Sailors.

"A young Sailor can't possibly know every resource that is available to them aboard the ship," said Master Chief Electronics Technician (SW) Ed Van Vleet. "It is the job of deck plate leaders to ensure their Sailors know what resources are available to them."

Stress is a normal part of any job and it is important to have the ability to manage that stress in a positive way, said Van Vleet.

"Communication is key to effective stress management," said Van Vleet. "Never be afraid to ask someone for help."

Truman is undergoing a docking planned incremental availability at Norfolk Naval Shipyard in Portsmouth, Va.

Beaufort creates awareness for Sexual Assault Prevention Month

By Regena Kowitz, Naval Hospital Beaufort Public Affairs

BEAUFORT, S.C. - Staff from Naval Hospital Beaufort tied ribbons on trees around hospital grounds symbolizing the Navy's efforts to help bring attention to Sexual Assault Prevention Awareness Month, April 17.

Throughout the month, the hospital is working to educate staff and beneficiaries alike on the need to prevent sexual assault, which is part of Secretary of the Navy Ray Mabus' new initiative, "21st Century Sailor and Marine," a set of objectives and policies designed to ensure the personal readiness of service members.

"Across the Navy and here at Naval Hospital Beaufort, we are committed to preventing sexual assaults, bringing offenders to justice when they do occur, and fully supporting victims of assault," said Capt. Joan Queen, commanding officer, Naval Hospital Beaufort. "Our Sailors are the heart and soul of the Navy and we all need to be proactive and fully engaged in creating an environment where they can live and work safe from

harm. Not only does this contribute to mission readiness but also, put simply, it's the right thing to do."

According to Lt. Cmdr. Felecia McCray, Nurse Corps officer and member of the hospital's Sexual Assault Prevention and Response (SAPR) team, the program has recently been revamped with four new members having recently completed their initial training and five additional members slated to complete their training in the next month.

One of the SAPR team's current objectives is to conduct Sexual Assault Awareness and Active Bystander Intervention training for each department

from now through May in an effort to reach every staff member with this important information.

Bystander Intervention training is part of a larger Navy-wide strategy designed to change the attitudes and behaviors about sexual assault among Sailors and Marines while encouraging them to recognize inappropriate behaviors and intervene before sexual violence occurs.

"Intervention is a vital component to

preventing sexual assault," said Queen. "Part of the training that we are conducting at Naval Hospital Beaufort includes helping our staff recognize coercive, harassing behaviors and putting a halt to them before they progress into more serious, violent behavior. From our junior Sailors to our seasoned leaders, everyone must work together to create a climate where assault on a fellow Shipmate is not tolerated. Sexual assault is a crime and completely incompatible with the Navy's core values of honor, courage, and commitment."

Command Master Chief Matthew Simpson agreed. "There is no room for sexual assault in our Navy. It damages and degrades mission effectiveness by negatively impacting our most important resource - our individual Sailors."

In addition to the ribbon-tying ceremony, the SAPR team will host a variety of activities and events throughout the month to reach out to hospital staff and beneficiaries to create awareness of sexual assault's impact and the need for prevention. In addition to training, the team is hosting "Sex Signals," an improvisational and interactive play that involves the audience in dispelling sexual assault myths, and coordinating a 3k walk.

Navy surgeon general visits frontline

By Mass Communications Specialist
3rd Class Monique LaRouche, Regional Command Southwest

CAMP LEATHERNECK, Afghanistan—Vice Adm. Matthew Nathan, the 37th Surgeon General of the Navy and chief of the Navy's Bureau of Medicine and Surgery, visited Camp Leatherneck, Afghanistan, April 17, as part of a tour with other surgeon generals from the joint services to include the Army, Air Force and United Kingdom.

The trip was to meet with deployed medical facilities, listen and learn from those executing the mission, address the military mission and how military medicine can contribute to success on the battlefield.

They meet those who execute the mission, soldiers, sailors, airmen and Marines who are getting the job done, said Cmdr. Patrick Paul, medical planner for Regional Command (Southwest).

The surgeon generals were able to get an honest representation of the area of operations and how the joint services work together. They were able to establish the specifics to their service, as well as the working relationships all the services have here.

"They came away seeing how everybody works together," said Paul. "We can't function without the U.K., the Army or the Air Force."

The surgeon general's tour was supposed to start in Kabul, the nation's capital, but because of inclement weather, they were rerouted to Bagram and then Kandahar after visiting Camp Leatherneck. This event made their trip more realistic to what those deployed are going through.

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research and development to the needs of our force, this ensures our warriors are ready for anything" said Mittelman.

Mittelman also discussed Vice Adm. Matthew Nathan, U.S. Navy Surgeon General and chief, Bureau of Medicine and Surgery key priorities for Navy Medicine including, combat casualty care, wounded warrior support, readiness, value, health care informatics, jointness and global engagement.



U.S. Navy photo by Mass Communication Specialist 3rd Class Monique LaRouche

Vice Adm. Matthew Nathan, the 37th surgeon general of the Navy and chief of the Navy's Bureau of Medicine and Surgery, congratulates Petty Officer 1st Class Brandie Mendoza, Headquarters Battalion, 1st Marine Division (Forward), Camp Leatherneck, Afghanistan, April 17. Mendoza was recognized by her unit for her excellence and professionalism.

"That is just the nature of being out here," said Paul. "It is the nature of this place, things are going to happen and fortunately we have a system that can take care of them."

Part of the tour was to visit the medical facilities including the Combined Aid Station, Extended Care Ward and the Concussion Restoration Care Center where they were able to meet with the medical staff members. At the roundtable, vital topics such as traumatic brain injury, concussion care, and research and treatment were discussed.

The surgeon generals left knowing that the system works. There is world-class medical care in austere and dangerous conditions, said Paul. The deployment readiness and training has prepared the members for the worst.

Nathan's visit came at a time of need. The service members were given a sense of validation all the way from the surgeons to the medics, knowing that their care is important. The care is full circle, from the battlefield to back home.

The annual Sea, Air, Space exposition showcased the latest in maritime technologies, military advancements and capabilities. Last week's event brought together more than 10,000 attendees and more than 180 industry organizations and naval commands. It provided for key military leaders the opportunity interact with operational organization and industry leaders to discuss concerns and best-practices all in support of "Preserving Global Economic Security and National Security."

The 2013 Sea-Air-Space Expo will be held at Gaylord National Resort and Convention Center April 8th through April 10th.



View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/



NAVY EXPANDS PRESCRIPTION DRUG TESTING

By Mass Communication Specialist
3rd Class Andrea Perez, Navy Personnel Command Public Affairs

MILLINGTON, Tenn. - Effective May 1, the Navy will add two more commonly abused prescription drugs to the standard testing panel during random urinalysis, according to NAVADMIN 130/12, released April 20.

The prescription drug families tested will now include benzodiazepines and hydrocodones (i.e. Xanax and Vicodin).

"These drugs are highly addictive and their use outside of medical supervision places the Sailor, their family and shipmates at risk," said Dorice Favorite, director, Navy Alcohol and Drug Abuse Prevention Office (NADAP).



Military members should ensure their prescriptions are properly documented in their health records prior to May 1.

Navy medical treatment facilities are ready to assist any Sailor or family member who self-refers for prescription drug misuse or abuse.

"Adding the benzodiazepine and hydrocodone drug families to the standard test panel will provide a more comprehensive and meaningful understanding of overall prescription drug abuse in the Navy," said Favorite.

While overall drug abuse among military personnel is significantly lower than in the comparative civilian population, Navy leaders remain concerned.

"We are concerned about service members who are using prescription drugs without proper authority and potentially addict-

ed," said Favorite. "Substance abuse puts lives and missions at risk, undercuts unit readiness and morale, and is inconsistent with our Navy ethos and core values of honor, courage, and commitment."

According to Favorite, the Navy's policy on substance abuse is zero tolerance.

Per OPNAVINST 5350.4D, Sailors whose urinalysis samples are identified positive for controlled substances for which they do not have a valid prescription may be subject to punishment under the Uniform Code of Military Justice and processed for administrative separation from the Navy.

"We recommend members seeking substance use counseling talk with their doctor, chain-of-command or self-refer to a substance abuse rehabilitation program," said Favorite.

To read NAVADMIN 130/12, visit www.npc.navy.mil or for more news from Navy Alcohol and Drug Abuse Prevention (NADAP), visit www.npc.navy.mil/support/

Corpsmen conduct heat casualty training

By Lance Cpl. Kasey Peacock, III Marine Expeditionary Force / Marine Corps Installations Pacific

CAMP KINSER, Japan - Corpsmen from the Kinser Group Aid Station conducted heat casualty training at the medical facility here, April 5.

Medical facilities across Okinawa are conducting the heat casualty training in preparation for Okinawa's intense summer heat.

Marine Corps Order 6200.1E, the order governing the Marine Corps Heat Injury Prevention Program, mandates all medical facilities to conduct the training a month prior to an increase in heat stress.

"I wanted to really drive home the main points as to why we conduct this training," said Cmdr. Steven M. Kriss, director of sports medicine at the aid station and deputy surgeon, 3rd Marine Logistics Group, III Marine Expeditionary Force. "An increase in temperature mixed with high humidity can cause a lot of issues for our Marines conducting training. We also know our Marines train hard, and we have to be prepared for that."

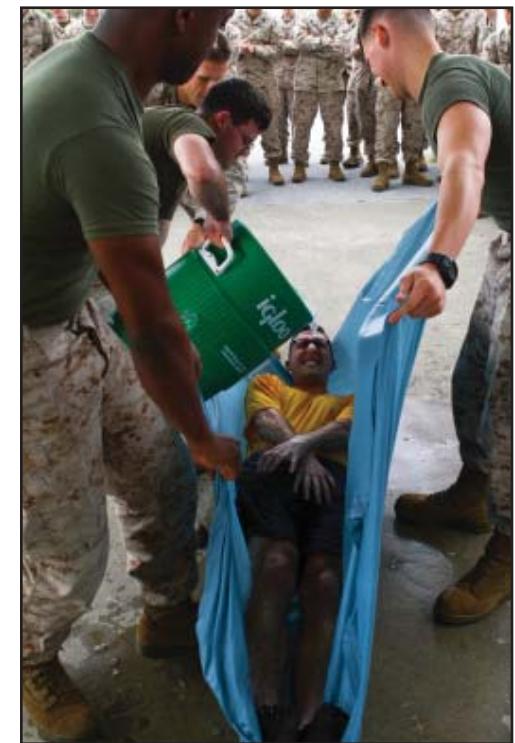
Kriss, who conducted the training,

began with a presentation refreshing the corpsmen on signs and symptoms of heat-related issues, basic treatment techniques, dangers of heat-related injuries and treating heat stroke.

The training continued as three corpsmen volunteered to serve as mock casualties during the practical application demonstrations. The sailors were instructed on how to treat heat stroke using various methods including the ice water-submersion method.

"I volunteered because I know how important this training is for our corpsmen," said Seaman Apprentice Zachary S. McDonald, a hospital corpsman with Combat Logistics Regiment 37, 3rd MLG, III MEF, who volunteered as a casualty. "I have dealt with heat casualties before and with the summer coming up it is a perfect opportunity for us to focus on our heat casualty training."

The methods are mainly used in a field environment and are virtually the same. They include of wrapping the victim in an ice cold sheet filled with water and ice and then continually pouring water and ice until the victim has cooled down, or



Marine Corps photo by Lance Cpl. Kasey Peacock

Seaman Jaron B. Kilbury is covered in ice water during heat casualty training conducted at the Kinser Group Aid Station on Camp Kinser, April 5. The method shown is primarily used in a field environment and consists of wrapping the victim in an ice cold sheet and pouring water and ice until the victim's temperature is lowered.

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Bremerton personnel depart for Pacific Partnership 2012

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Throughout the week of April 16-20, approximately 40 staff members from Naval Hospital Bremerton (NHB) have departed to report for Pacific Partnership 2012 (PP12).

PP12, the largest annual humanitarian and civic action (HCA) mission in the Asia-Pacific region, will begin May 1, and include engagements with the host nations of Indonesia, Philippines, Vietnam and Cambodia.

Hospital Corpsman 3rd Class Priscilla Sanchez of NHB's Emergency Room is one of NHB's doctors, nurses, hospital corpsmen and support staff augmenting the multi-specialized team of preventive medicine, veterinarians and medical, dental and engineering personnel embarking on board hospital ship USNS Mercy (T-AH 19) for the mission that is expected to last approximately four and a half months.

"I'm excited and ready for my first deployment," said Sanchez, a San Antonio, Texas native, who besides providing her ER technician skill when needed also plans on getting as many at-sea qualifications as she can during the anticipated four-month journey. "I volunteered for this mission and am happy to help and give back to others. Just being able to share in the diversity will be a great opportunity all its own."

As has been the case in the past, medical and dental projects in each country are tailored to the requests of the host nation based on needs in the areas of public health and preventive medicine, veterinary care, optometry and ophthalmology, dental, adult and pediatric medicine, immunizations, nutritional counseling, biomedical repair and medical environmental assessments.

Medical subject matter expert exchanges are designed to build capacity for host and partner nation providers to better understand respective cultural and provider practices. In addition, Pacific Partnership deploys with an engineering team made up of members of the Naval Construction Force (Seabees) to construct and repair projects requested by the host nations.

"You will travel to countries you've never been, meet people you will never forget, and for years afterwards, you will have that feeling of satisfaction of doing why you chose to be part of Navy Medicine in the first place," said Capt. Christopher Culp, NHB commanding officer, leading the command to bid farewell to the departing staff members.

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emergency personal have arrived, according to Kriss.

"In the field, you do not always have many options," said Kriss. "These methods require very little equipment and can be very effective in cooling down a victim."

The method proven to work best is the

ice water-submersion method which consists of fully submerging a victim in a tub of water and ice and continually pouring water over the victim's head, according to Kriss.

"It was great to see our corpsmen in action showing what they are capable of," said Navy Lt. Jessica L. Schwartz, a senior medical officer with CLR-37. "It is especially important for us to have this

training on Camp Kinser because 3rd MLG has the biggest group of corpsmen on Okinawa."

Kriss concluded by stressing the importance of this training, noting that Okinawa's subtropical/tropical climate produces a unique heat and humidity combination that can be potentially dangerous to service members not taking the proper precautions.



U.S. Navy photo by Douglas H. Stutz

With a final handshake and wishing of 'fair winds and following seas,' staff members of Naval Hospital Bremerton bid farewell to approximately 40 of their own who are departing for Pacific Partnership 2012 on board hospital ship USNS Mercy (T-AH 19). The annual humanitarian and civic action mission is slated to begin on May 1 and is expected to last around four and a half months and will visit the host nations of Indonesia, Philippines, Vietnam and Cambodia.

Mercy is slated to set sail in early May from San Diego for the annual humanitarian civic assistance (HCA) mission, which is sponsored by the U.S. Pacific Fleet and began in 2006 as a result of the 2004 Indonesian tsunami that ravaged the Banda Aceh area of Sumatra.

PP12 will also be the first deployment for Culinary Specialist 3rd Class Tyler Ney.

"Everyone departing from here seems to be looking forward to it. Every single person I've talked to who has been on the deployment says it's a great opportunity to visit places that most of us would never deploy to, let alone have a chance to go on any other kind of trip. I've got my camera packed, per family request. I'm ready to make the most of this, see as much as I can and lend a hand when needed," said Ney.

At the invitation of the host nations, military and civilian professionals from Australia, Canada, Chile, Japan, Malaysia, Peru, Netherlands, New Zealand, Singapore, Republic of Korea, Thailand and the United States, along with non-government organizations (NGO) and international agencies, will partner to execute tailored HCA projects and subject matter expert exchanges.



Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160 or Valerie.Kremer@med.navy.mil

Fallen Corpsman honored for service, sacrifice

By Lance Cpl. Timothy Lenzo, Regimental Combat Team 6

FORWARD OPERATING BASE DELARAM II, Afghanistan—“Every corpsman wants to be out there to help protect and save the Marines that we serve with,” said Hospital Corpsman 1st Class George Fricke, leading petty officer, Regimental Aid Station, Regimental Combat Team 6.

On Sept. 9, 2011, Hospital Corpsman 2nd Class Brian Lundy Jr., with 1st Battalion, 6th Marine Regiment, gave his life while protecting the Marines he served with.

Standing in front of a formation of Marines and sailors with RCT-6, Col. John Shafer and Sgt. Maj. Jamie Deets, commanding officer and regimental sergeant major, RCT-6 honored Lundy during a ceremony, March 23.

Together, Shafer and Deets helped Fricke to memorialize his fellow corpsman by officially naming the Regimental Aid Station the Lundy Clinic.

To the Marines who served with Lundy, he was more than a “squid” – a Marine term to describe Sailors. He was a Fleet Marine Force (FMF) Hospital Corpsman.

“There is nothing like a group of Marines, and there is nothing like being a Sailor in that group of Marines. It’s tough,” said Shafer. “There is something special about that FMF corpsman that can take that, and prove his [worth].”

While on a partnered patrol, in Helmand province, Afghanistan, Lundy proved his worth when his squad took enemy fire.

During the fight, an insurgent shot Lundy. The squad evacuated him to a nearby medical facility, but Lundy succumbed to his wounds while en route.

“I can assure you, Lundy died doing exactly what he wanted to do,” said Shafer. “Which was reassuring Marines who were going forward in the face of a fight, to defend our way of life and advance a cause for the Afghan people. You can always be certain that he contributed to the betterment of this nation.”

Shafer went on to add that Lundy died while ensuring others could live.

Vanzella said despite the circumstances, Lundy always motivated the Sailors. Once during training, the sailors watched a Marine Corps staff sergeant demonstrate an obstacle course in 30 degree weather. At the end of the course, the sailors were required to jump into a pond. Due to the cold weather, the staff sergeant waded hesitantly into the water.

“Lundy, being who Lundy was, screamed ‘Let me show you



Marine Corps photo by Lance Cpl. Timothy Lenzo

Hospital Corpsman 1st Class George Fricke, leading petty officer, regimental aid station, Regimental Combat Team 6, drills the Lundy Clinic placard in place with help from Col. John Shafer, commanding officer, RCT-6, March 23, 2012. The regimental aid station was named in memory of Petty Officer 2nd Class Brian Lundy Jr., corpsman, 1st Battalion, 6th Marine Regiment, who gave his life while on a patrol Sept. 9, 2011.

how we do it in the Navy! With a leap, larger than superman, he swan dived – not so gracefully – into the water,” said Vanzella with a smile. “He motivated the class. Everyone was chanting ‘Lundy, Lundy, Lundy.’ We were ready for that course that day. It wasn’t cold anymore.”

His ability to motivate continues for the Marines and Sailors at the aid station.

Hospital Corpsman 2nd Class Antonio Saenz, assistant leading petty officer with the aid station, said having the clinic named after Lundy was inspiring.

“His name inspires the junior Sailors who work in this clinic because he died doing what corpsmen are trained to do; serve along side Marines, serve in action,” said Saenz. “It was a great honor to name something after him that will be here for a long time.”

The regimental aid station, with its newly hung sign, tells more than a name. It tells a story of a Navy corpsman, who gave everything for the Marines he served with.

“Lundy you deserve this clinic, and this clinic deserves to be in your name,” said Vanzella.



Expeditionary Medical Care

The Shock Trauma Platoon and Forward Resuscitative Surgical Systems on Forwarding Operating Base Edinburgh, Afghanistan, performs medical care to a casualty who had a gunshot wound to the foot, April 7. The 38 member team works around the clock and is equipped for medical evacuation emergencies. The team consists of enlisted and officer, doctors, nurses, surgeons, corpsmen, anesthesiologists and Marine security.

Physical activity associated with decreased PTSD symptoms

From Naval Health Research Center

New study results recently reported in the May/June issue of Public Health Reports reveal important associations between the development of post-traumatic stress disorder (PTSD) symptoms and physical activity levels among U.S. service members.

"Service members self-reported their level of daily physical activity, including performance of vigorous physical activity in a survey conducted by the Naval Health Research Center (NHRC) Millennium Cohort Study team," said Dr. Nancy Crum-Cianflone, principal investigator of the Millennium Cohort Study and head of the deployment health research department. "More than 38,000 survey participants from all branches of the service were evaluated over time for the development of symptoms suggestive of PTSD, a signature health condition among many military personnel returning from deployment to the current conflicts."

The study found that service members engaging in physical activity, especially vigorous exercise, were less likely to develop PTSD, even after taking into consideration military experiences such as deployment and combat exposures.

According to Crum-Cianflone, the study participants who reported at least 20 minutes of vigorous physical activity twice weekly showed a 40 percent decrease in PTSD symptoms. Those engaging in even higher exercise levels were less likely to experience persistent symptoms of PTSD such as hypervigilance, nightmares and irritability.

"These data provide critical information to potentially reduce PTSD among service members. While further research is needed, our current results indicate that physical activity may be important in the prevention of PTSD among service mem-



U.S. Navy photo by Mass Communication Specialist 2nd Class James R. Evans

USS CARL VINSON - At sea - Sailors participate in a 5K fun run hosted by the ship's Morale, Welfare and Recreation Division on the flight deck aboard the Nimitz-class aircraft carrier USS Carl Vinson (CVN 70).

bers," said Crum-Cianflone. "More than fifty percent of Millennium Cohort Study participants have deployed in support of the wars in Iraq and Afghanistan, and their continued contributions to the study enable investigators to evaluate detailed data from before, during and after deployments."

The NHRC Millennium Cohort Study is the largest prospective military health study in the United States and captures data on service members from all of the military branches. The Millennium Cohort Study was initiated in 2001 by the Department of Defense (DoD) to address health concerns of military members about deployment and other potential service-related experience and currently has over 180,000 enrolled participants.

Navy Medicine, private industry seeks malaria control in Africa

By Lt. Ryan Larson, Navy Entomology Center of Excellence Public Affairs

ACCRA, Ghana – The Navy Entomology Center of Excellence headquartered at Naval Air Station Jacksonville announced March 21 a key collaboration with an international company as part of a program to discover new public health pesticides for controlling mosquitoes.

Vestergaard Frandsen is an international company based in Europe that specializes in complex emergency response and disease control products.

VF is interested in techniques developed by NECE and the United States Department of Agricultural Center for Medical & Veterinary Entomology to aid in the discovery of new insecticides with new active ingredients for use in treating bed nets and conducting indoor residual pesticide applications, the cornerstone of malaria prevention programs in Africa.

Katelyn Chalaire, NECE entomologist, will provide direct support to Vestergaard

Frandsen's pesticide discovery initiative. Chalaire's expertise stems from her work in the discovery and evaluation of new pesticides used to control mosquitoes as part of the congressionally mandated Deployed War-Fighter Protection Program.

Chalaire and Dr. James Beacnel of CMAVE in Gainesville, Fla., presented a training workshop on pesticide screening procedures at VF's laboratory in Accra. NECE has collaborations with civilian and government agencies, including CMAVE, the Centers for Disease Control and Prevention, and the U.S. Department of Agriculture.

"I conducted a toxicology screening workshop for five laboratory technicians and the laboratory manager of the VF-Ghana research laboratory," said Chalaire. "This workshop will enable the CMAVE and VF-Ghana screening programs to exchange chemicals for evaluation and will be beneficial to DoD's goal of identifying new chemicals for vector control."

The workshop included an oral presentation detailing advanced pesticide screening techniques used by Chalaire, followed by a hands-on demonstration of the screening protocol. Ultimately, the training standardized methods between the two labs, promoting product and results exchanges.

According to Chalaire, mosquitoes are developing resistance to insecticides commonly used in public health programs, so it is imperative to identify new compounds for both military and non-military use to control human disease transmitted by blood-feeding insects.

"Chemicals with new modes of action will be targeted in an effort to overcome insecticide-resistant insect populations," said Chalaire.

"I am thrilled to have the opportunity to work on a project that has so much potential for the development of a new insecticide that could be used to protect our troops," said Chalaire.

Africa Partnership Station medical training

By Chief Hospital Corpsman (SW)
Blake W. Cooper, medical planner
at Commander, U.S. Naval Forces
Africa

It's hard to explain Africa to someone who has never been there; it's even harder to explain the inner workings of the countries that make up this continent. Since its inception in 2007, the Africa Partnership Station (APS) has been the vehicle that allows Sailors and Marines to experience Africa first-hand through forming mentorships with African partners as part of an ongoing international effort to improve African nations' maritime safety and security.

As a medical planner for Naval Forces Africa (NAVAF) and APS, I've had the privilege of traveling to Africa on multiple occasions and seeing the continual progress made in each APS visit. Collaborating with a total of 58 U.S. Navy medical professionals in Africa, it never gets old. This iteration of APS medical workshops was the culmination of three years of planning and engagement with the Cameroonian military, and my seventh trip to Cameroon working with the medical professionals at the 2nd Regional Military Hospital (HRM2) in Douala.

APS concluded a medical training event March 13-16, that involved physicians, nurses and corpsman from U.S. Naval Hospital Naples, Italy and Naval Medical Center Portsmouth, Va., comprising a combined mentor team. The medical staff at HRM2 attended workshops facilitated by the mentor team in the subjects of emergency department training, surgical nursing skills, operating room sterilization procedures and Tactical Combat Casually Care (TCCC).

As the plane touched-down and the mentor team members arrived in Douala for the first time to take-in their initial impressions of the sights and sounds of Cameroon, it was easy to get wrapped-up in the excitement of the place. It was one of those "pinch me" moments that we servicemembers who have worked in Africa all have experienced. This was Cameroon.

In true Navy fashion we quickly got



Courtesy photo

Maj. Fabien Fouda, Head of Surgical Services for the 2nd Region Military Hospital, engages in a class-led discussion during the hemorrhage control lecture at the Africa Partnership Station (APS) medical workshop held in Douala, Cameroon.

down to business, meeting with our Cameroonian hosts for introductions and tours of the facility. This first meeting was eye-opening for the team, many who had served in Iraq and Afghanistan but had never been to Africa.

After the opening ceremony complete with brass band and media coverage from eight T.V. stations and several print publications, we were finally able to begin the workshops we had traveled across the globe to share.

During our time at HRM2, the surgical workshop leaders observed four surgical cases (external fixation of a femur fracture, cesarean section, mastectomy and hernia repair). The emergency department workshop outlined hemorrhage control modalities and basic ultra sound techniques as a diagnostic tool. And finally, the TCCC mentors prepared the Cameroonian instructors to train the non-medical Cameroonian military.

The following week, the Cameroonian trainers who were mentored in TCCC made history by teaching the first course ever taught entirely by Cameroonian military instructors to their fellow servicemembers, building the capacity to train their own personnel in life-saving combat casualty care techniques.

At the conclusion of the week-long workshops and mentorship sessions a certificate was presented to each Cameroonian who attended the workshop, a graduation-ofsorts to mark their accomplishment and an indication to leadership that they were ready to use skills attained to aide their fellow Cameroonian.

This also marked a special occasion for the U.S. Navy professionals who participated in the mission. They had experienced Africa in a way that few ever have, by forming friendships with their Cameroonian brothers and sisters whom they had mentored. The hard thing to explain about Africa is that it's all about the personal relationships you develop – the small moments you share, the brief encounters, the fragments of conversation – that really makes an impact for good, all against the exquisite backdrop of Africa.

As we all prepared to leave for our respective homes, our gracious hosts offered us small trinkets as tokens of remembrance so that we would never forget Cameroon. More importantly, I don't believe any of the Sailors who traveled here will ever forget the relationships that they had made. Their experiences in Cameroon will translate into vivid sea stories for years to come, and rightly so.

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